

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 700809 RECEIPT DATE: 11 / 20 / 00
IA NUMBER: PCT/ GB00 / 03706 IA FILING DATE: 09 / 27 / 00
FAMILY NAME: DELAY WAIVED (Y/N): Y
GIVEN NAME: DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 09 / 30 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 540-248 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 7038164000
FAX
NAME: NIXON & VANDERHYE
STREET: 8TH FLOOR
1100 NORTH GLEBE ROAD
CITY: ARLINGTON
STATE/COUNTRY: VA ZIP: 22201
EMAIL:
APPLICATION TITLES:
IMAGING SYSTEM

TAB TO LAST POSITION, PUSH SEND